



Let's have a conversation about



# OPIOIDS DURING PREGNANCY

and beyond

# PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

**are encouraged to not use opioids for the health of their baby.** Opioids are often prescribed for pain management and, when not taken as prescribed are highly addictive substances. Before taking opioids, talk to your healthcare professional about the risks, benefits and if you may be or are planning to be pregnant. While this conversation is critical for anyone taking opioids, it's also good to know some of the facts so you can go in well informed. To help, here are some answers to your most common questions. This way you have the latest information about opioids and pregnancy risks to inform that next conversation with your provider.

## IS ANY AMOUNT SAFE?

There is no known safe amount of opioid use during pregnancy. Opioids are strong narcotics and use always carries a risk. However, patients prescribed medication or who may have a substance use disorder should always speak with their healthcare professional for the safest way to manage opioid use during pregnancy.

## HOW CAN IT AFFECT MY BABY?

Opioid use during pregnancy can cause miscarriages, premature birth, preeclampsia, respiratory depression, low birth weight and neurobehavioral problems. Newborns can also suffer withdrawal symptoms, including hypersensitivity and hyper irritability, tremors, vomiting, respiratory difficulties, poor sleep, and low-grade fevers. Newborns with this neonatal abstinence syndrome (NAS) often require hospitalization and treatment, including medication (usually morphine) as their bodies adapt to being opioid free.

## I USED BEFORE I KNEW I WAS PREGNANT, IS THAT A PROBLEM?

If you used opioids in the first weeks of pregnancy, chances are good that no harm was done. But if you're having trouble not using, you should seek help.

## WHAT IF THEY WERE PRESCRIBED?

If your doctor has prescribed opioids for pain maintenance and you follow prescription instructions, you shouldn't just stop taking them when you become pregnant. Talk to your healthcare professional to be sure you still need the prescription and any risks associated with stopping.

## ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a drug treatment program, Methadone and other maintenance programs can improve many of the negative effects associated with opioid addiction and the chances of a healthy birth.

## ARE THERE ANY SUGGESTIONS FOR SELF CARE?

With opioids, self care is not recommended. The risks associated with withdrawals is too great for both you and your baby. Seek help from a healthcare professional.

## HOW ABOUT BREASTFEEDING?

A person with an opioid substance use disorder who breastfeeds exposes the infant to increased risk to harmful effects, including respiratory depression, lethargy, trouble feeding and withdrawal symptoms such as tremors and high-pitched screaming. However, if medication was prescribed for pain moderation—as in the case of a Caesarian birth or other issue—and is taken exactly as directed, these risks are fairly low. Patients in treatment for opioid use are also encouraged to breastfeed as breastfeeding has shown improved outcomes for infants with NAS.

## WILL OPIOIDS BE IN MY BREAST MILK?

Opioids are transferred to a baby through breast milk. This can cause lethargy and respiratory depression. But breastfed infants with NAS have a decreased need for pharmacological treatment and tend to have shorter hospital stays than formula-fed infants with NAS.

## WHERE CAN I FIND HELP?

Call 2-1-1, visit [VTHelpLink.org](http://VTHelpLink.org) or 802.565.LINK (5465) or

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.